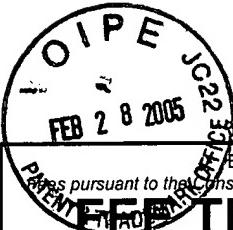




TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/872,222
		Filing Date June 1, 2001
		First Named Inventor Davison, Eric W.
		Group Art Unit 2154
		Examiner Name Siddiqi, M.
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number 155612.03

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (18 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Petition for Extension of Time Under 37 CFR 1.136(a) (in duplicate) <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08B (4 pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) (# sheets) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Newly Executed (# pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (# pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <u>Statement under 37 CFR 3.73(b); Copy of (1) IDS cited reference;</u>
CERTIFICATE OF MAILING OR TRANSMISSION <small>(Under 37 CFR § 1.8(a))</small> <input checked="" type="checkbox"/> I hereby certify that this correspondence is being: <input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) 222-2005 <i>2005</i> <i>James R. Banowsky</i> <i>Rimma N. Oles</i>		
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		

SIGNATURE OF ATTORNEY OR AGENT					
Signature	<i>James R. Banowsky</i>	Reg. No.	37,773		
Name of Attorney or Agent	James R. Banowsky				
Date	2-22-05	Tel.	(425) 705-3539	Facsimile No.	425-708-5046
Assignee Name:	MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052				
Customer Number:	22971				



Effective on 12/08/04

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEES TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**300.00**

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent **50** **25**
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent **200** **100**
 Multiple dependent claims **360** **180**

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
25 - 25 or HP = **0** x **50** = **0**

Multiple Dependent Claims
Fee (\$) **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20
4dep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
3 - 4 or HP = **0** x **200** = **0**

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole) number x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 1 month extension of time fee (\$120.00); IDS fee (\$180.00)

\$300.00

SUBMITTED BY

Signature	<i>James R. Barowsky</i>	Registration No. (Attorney/Agent) 37,773	Telephone (425) 705-3539
Name (Print/Type)	James R. Barowsky	Date 2.22.05	